



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Ballinea
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	02 June 2022
Centre ID:	OSV-0002468
Fieldwork ID:	MON-0031267

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This designated centre is a wheelchair accessible bungalow just outside a large town in County Westmeath. The centre provides 24-hour residential nursing support for five male and female residents over eighteen years with an intellectual disabilities. The house comprises a sitting room, an open plan dining and living room, a kitchen, a laundry room, five bedrooms and three shower rooms. There is also a designated office space within the house. There is a patio with a seating area and a garden at the rear of the house. There is a garden area and allocated parking at the house's entrance. The person in charge is employed on a full-time basis at this centre. Residents have access to a number of local amenities, including restaurants, shops, cinemas and pubs.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 2 June 2022	10:00hrs to 17:30hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with all four residents at different stages of the inspection. The inspector met with one resident who was relaxing in a sitting room. The resident appeared comfortable in their environment and was chatting with the person in charge. The resident informed the inspector of their plans for the day and a recently attended meeting. The inspector observed the resident interact with those supporting them and appeared at ease in their interactions.

The inspector met two of the other residents sitting in the other sitting room. The residents communicated non-verbally but did appear comfortable in their setting. Staff members were observed to interact with the residents in a caring and warm manner.

The inspector met with the fourth resident later in the day. The resident was receiving a visit from their family at the time. The inspector was introduced to the resident, who appeared relaxed and comfortable.

The inspector had the opportunity to speak with two sets of family members during the inspection. Those spoken to were happy with the service being provided to their loved ones. They expressed that they could visit when it suited with some visiting daily. They spoke positively of the care provided to the residents. One family member stated that their loved one was very happy in the service.

Some of the residents living in the centre presented with increased medical needs. Due to the pandemic, there had been a reduction in this group of residents engaging in activities in their community. There had been a slow return to community activities following the lifting of restrictions. The provider, through auditing practices, had identified this as an area that required improvement. An action plan had been put in place, and in recent weeks there was evidence of residents being supported to engage in activities in line with their social goals. Some residents had gone out for tea or gone to nearby landmarks.

There was adequate space for residents to relax and also to receive visitors. The inspector was shown around the resident's home by the person in charge. Attempts had been made to make the residents' home inviting and well presented. However, there were repair and decoration works required in a number of areas. Some of the issues also impacted the staff team's ability to clean the areas effectively, and this posed an infection prevention and control risk. During the walk through of the centre, it was also observed that two fire containment doors were not fully closing, meaning that they were not effective. The impact of these issues will be discussed in more detail in the Quality and Safety section of the report.

Overall the inspection found that the service provided to the residents was meeting their needs. Still, as listed above, some improvements were required.

The following two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

The provider had developed a clearly defined management structure. The person in charge was solely responsible for running this service, which increased the oversight of the care being provided. The person in charge delegated duties to a team of staff nurses and health care assistants. A member of the provider's senior management team also supported the person in charge.

There was a schedule of audits, and the review of these identified that audits were being completed monthly. Actions arising from these audits were added to quality improvement plans. The quality improvement plan tracked the progress of actions and was under review by senior management. The provider had completed the necessary reports and visits to the service as per the regulations. An unannounced audit had been carried out in May 2022 by a member of the provider's senior management team. The audit identified some areas that required improvement. An action plan had been devised, and there was evidence of the actions being progressed.

Other audits that had been completed had identified the areas that required improvement. In particular the need to address the issues with the premises. The provider had been taking steps to address the problems. Furthermore, they submitted assurances on the day following the inspection that the works would be completed in the coming weeks.

A review of the actual and planned rosters found that the staff team consisted of full-time and agency staff members. Despite this, the review of the current and previous rosters demonstrated that the residents were receiving continuity as there was consistent team in place. The service provided to residents was nurse-led. Staff nurses were responsible for leading the delivery of care each day. Safe staffing levels were maintained, and the skill mix of staff was appropriate to meet the needs of the residents.

A training needs analysis had been developed. The review of this showed that the staff team and agency staff had been provided with appropriate training. The provider's audits identified improvements required to ensure that the staff team were receiving adequate supervision. Progress had been achieved in recent weeks, and there was a plan to address complete supervision with all staff in the coming weeks.

The inspector found that complaints had been raised on behalf of the residents following a residents' meeting. A resident had complained regarding the lack of

storage space for wheelchairs. Actions had been identified following this, and steps were being taken to address the issue. There was information on how to make complaints available to residents. Some family members spoken to also identified that they had raised concerns and that these had been addressed in the past.

### Regulation 15: Staffing

The provider had ensured that the number, and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

Judgment: Compliant

### Regulation 23: Governance and management

There was an internal management structure that was appropriate to the size and purpose and function of the residential service. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge submitted notifications to be reviewed by the Chief Inspector as per the regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents.

Judgment: Compliant

## Quality and safety

This service was previously inspected in 2020. That inspection found that significant improvements were required to ensure that the premises were safe and well maintained. The inspector found that the provider had carried out the works needed following that inspection. As noted earlier, efforts had been made to promote a homely atmosphere for the residents. While this had been done, there was decorating and updating required to several areas. Painting works were required throughout the house, including sitting rooms and hallways and doors. There was also damage to the flooring in some rooms. Therefore, the provider had failed to ensure that the residents' home had been maintained in a good state of repair and was suitably decorated. As mentioned earlier, the inspector was provided with assurances from a provider's senior management team member that the works were due to be complete in the coming weeks.

The provider had ensured that there were systems in place for infection prevention and control. The provider had adopted procedures in line with public health guidance in response to COVID-19. There was a COVID-19 contingency plan specific to the centre. Staff had been provided with a range of training in infection control. The provider and person in charge had captured detailed accounts of how COVID-19 cases were managed and the steps taken to ensure that the virus did not spread. There was also evidence of the person in charge and staff liaising and responding to guidance from Public Health specialists. The person in charge was completing monthly audits that focused on infection prevention and control practices. Audits completed by members of the senior management team also reviewed these practices.

Notwithstanding these measures, infection control risks were identified due to the repairs required to the flooring in a number of areas. Paint was also removed from walls and skirting boards due to general wear and tear. The damage to the above areas meant that they could not be effectively cleaned from an infection control perspective. The provider had identified this through their audits, and a plan had been determined to address the issues in the coming weeks.

When reviewing the existing fire containment measures, the inspector found that two of the residents' bedroom doors were not closing fully and, as a result, were not appropriate. This was highlighted to the person in charge, who immediately sought to address the issue.

The provider had ensured that the staff team supporting the residents had received



suitable training in fire prevention and emergency procedures. There were appropriate fire detection systems, fire fighting, and evacuation aids in place. The provider and person in charge also demonstrated that they could effectively evacuate the residents during day and night circumstances.

Overall, there were appropriate systems to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements to identify, record, investigate, and learn from adverse incidents. Adverse incidents were reviewed by the person in charge and senior management. Individual and service-specific risk assessments had been developed, and these were under regular review.

Assessments of residents' health and social care needs had been completed. The inspector reviewed a sample of these. They captured the changing needs of the residents and outlined how to best support the residents. Nursing assessments had been completed that captured the health needs of the residents. There was also documentation that demonstrated that residents had access to a range of allied healthcare professionals and were supported to attend appointments when required. As noted earlier, audits completed in recent times identified improvements were required to help residents achieve personal goals. Since the review, steps had been taken, and there was evidence of residents being supported to engage in their preferred activities.

Through observations and the review of information, the inspector found that those supporting the residents did so in a manner that supported their rights. As mentioned earlier, there were occasions when staff members had acted on behalf of residents and raised concerns or complaints. Residents were also supported to engage in weekly meetings with the support of staff members. A sample of meetings was reviewed by the inspector. The meetings were used to share information with residents and to discuss potential activities they would like to engage in. An outreach programme coordinator had met with residents this year, and plans were being implemented for the residents to increase their social activities outside of their home.

In conclusion, the inspection found that the care provided to the residents was appropriate. However, some areas required improvement to ensure that all areas complied with the regulations. Before the inspection, the provider identified the issues with the premises and the knock-on effect the problems had on infection prevention and control practices. As stated above, the provider provided assurances that the necessary works would be completed in the coming weeks.

## Regulation 11: Visits

Residents were receiving guests regularly. There was also a suitable space for residents receive their guests.

Judgment: Compliant

### Regulation 17: Premises

The inspection found that the provider had failed to ensure that the interior of the premises had been appropriately maintained. However, the provider was in the process of addressing the necessary works.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.

Judgment: Compliant

### Regulation 27: Protection against infection

Overall, there were suitable procedures in place for the prevention and control of infection, which were in line with national guidance. However, it was noted that the damage to flooring, walls and skirting boards meant that these areas were difficult to clean from an infection control perspective.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had not ensured that all fire containment measures were appropriate.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider and the person in charge had ensured that residents were supported in a manner that respected and promoted their rights.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ballinea OSV-0002468

Inspection ID: MON-0031267

Date of inspection: 02/06/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Funding has been approved to complete full re-flooring throughout the Centre and to complete a program of repainting of all internal walls, architrave and skirting. Wall protectors to ensure continued protection of paint works will be applied following the painting to mitigate risk of future damage to the wall areas.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Funding has been approved to complete a full re-flooring throughout the Centre and to complete a program of repainting of all internal walls, architrave and skirting boards. Wall protectors to ensure continued protection of paint works will be applied following the painting to minimise damage and ensure areas can be easily cleaned.  damage to the above areas meant that they could not be effectively cleaned from an infection control perspective.	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
Both doors highlighted in the inspection report have been repaired and are in working order.

The system of fire safety checks on fire doors has been reviewed. Two staff members have been assigned to this task weekly.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/09/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	01/09/2022
Regulation	The registered	Substantially	Yellow	23/06/2022



28(3)(a)	provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Compliant		
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